



**COUNTY OF PLACER**  
**Community Development Resource Agency**

John Marin, Agency Director

**PLANNING**

Michael J. Johnson, AICP  
Planning Director

**MEMORANDUM**

**TO:** Honorable Board of Supervisors  
**FROM:** Michael J. Johnson, Director  
Planning Department, Community Development Resource Agency  
**DATE:** November 6, 2007  
**SUBJECT:** Refund Request – PMPC20070061 – Dehart, Rita

**Action Requested**

The Planning Department recommends that the Board of Supervisors approve a refund request of \$2,142.00.

**Background**

Rita Dehart paid fees associated with a Minor Use Permit, Exemption Verification, and Health-Site Evaluation to allow for a hardship mobile home on her property in Auburn. She subsequently applied for a fee reduction and payment plan through Revenue Services and made payments directly in addition to the fees paid previously to CDRA.

**Fiscal Impact**

The refund will be absorbed in the general fund.

Cc: Amy Richie, Administrative and Budget Manager

**COUNTY OF PLACER  
COMMUNITY DEVELOPMENT RESOURCE AGENCY  
REFUND/OVERPAYMENT WORKSHEET**

APPLICANT'S NAME: RITA DEHART

APPLICANT'S ADDRESS: 2000 CHRISTIAN VALLEY RD, AUBURN 95602 Amt Rec'd 01-35502

DATE OF APPLICATION: \_\_\_\_\_ Receipt # \_\_\_\_\_

TYPE OF APPLICATION: \_\_\_\_\_ File # 20070061

PHYSICAL LOCATION: \_\_\_\_\_

ASSESSOR'S PARCEL #: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

*APPLICANT PAID FEES  
AT REVENUE SERVICES AND  
CRRA*

"I the undersigned, state: That the above claim and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued. I declare under penalty of perjury that the foregoing is true and correct. Executed on \_\_\_\_\_ (date) at \_\_\_\_\_ California

Signature of Declarant X Rita Dehart Date 1/2/07

-----FOR INTERNAL USE-----

Description of time spent on application? \_\_\_\_\_

The following departments have worked on this project:

E&S STAFF: \_\_\_\_\_  Env. Health: Staff \_\_\_\_\_  Air Pollution Control District

PLANNING STAFF TIME by individual: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING:

Application File (check out)

Copy Of PLUS Receipt

Please submit to Melanie Heckel with attachments.

Approved by Melanie Heckel (date) 10/29/07 mth

Full refund  Partial refund (costs to be subtracted) \_\_\_\_\_

Forward To Accounting

Planning Dept. Remarks: \_\_\_\_\_